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Bib Data Sheet

CONFIRMATION NO. 9080

<b>SERIAL NUMBER</b> 10/016,506	<b>FILING DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 00-22	
<b>APPLICANTS</b> James Pawlikowski, Aspinwall, PA; Andrew L. Shissler, Delmont, PA; Michael T. Kane, Delmont, PA; Winslow K. Duff, Export, PA;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/256,021 12/15/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/14/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 30031					
<b>TITLE</b> System and method for upgrading a medical device					
<b>FILING FEE RECEIVED</b> 1466	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		